

HOMES FOR THE AGED
CERTIFICATE OF APPOINTMENT FOR AUTHORIZED REPRESENTATIVE

Michigan Department of Human Services
Bureau of Children and Adult Licensing

Name of Facility License No. (if known)

Address City Zip

Notice is hereby given to the Michigan Department of Human Services in accordance with a provision of Rules for Homes for the Aged that:

(Owner of facility requesting license) _____

Has appointed (Name) _____

Whose social security number is _____ & date of birth is: _____

as the authorized representative for the facility to:

- a. Submit applications and make amendments thereto;
- b. Provide the department with all information necessary for a determination with respect to applications;
- c. Enter into agreements with the department in connection with licensure;
- d. Receive notice and service in matters relating to licensure.

This action taken on (date) _____ and is effective immediately.

This appointment will remain in effect until written notice of termination is sent to the Director, Bureau of Children and Adult Licensing, Michigan Department of Human Services.

Signature of Owner/Person with Legal Authority to Act on
Behalf of Company or Corporation

Title

Witness: _____

Date: _____

Witness: _____

Date: _____

**Return to: Michigan Department of Human Services
Bureau of Children and Adult Licensing
Licensing Unit
P.O. Box 30650
Lansing, MI 48909-8150**

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Authority: 1978 PA 368